

P15000017281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

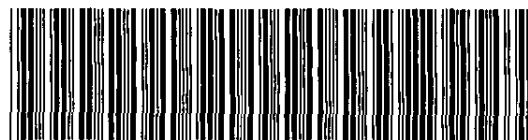
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/23/15--01001--009 **70.00

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DEPARTMENT OF STATE
15 FEB 20 PM 2:18
NOT INTENDED
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SUFFICIENCY OF FILING
15 FEB 20 AM 8:40
SEC. OF STATE
FBI, JESSIE T. LOFTIS

MD 2/23

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 2/20 GLINDA

☐ **CERTIFIED COPY**

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ARTICLES

15 FEB 20 AM 8:40
2160
ADAMS STATE FLORIDA

1. **BONIS SALES AND SERVICES CORP.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Bonis Sales and Services Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1440 Harbour Point Drive
Palm Beach Gardens, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity
permitted in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Bonis, Officer and Director

Name and Title: _____

Address: 1440 Harbour Point Drive
Palm Beach Gardens, FL 33469

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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15 FEB 20 AM 8:40
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH
STATE OF FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

15 FEB 20 AM 8:40
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

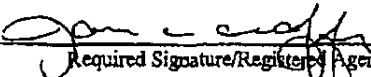
Name: James A. Cioffi
Address: 250 Tequesta Drive, Suite 203
Tequesta, FL 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Andrew I. Panken
Address: 1025 Westchester Avenue, Suite 305
White Plains, NY 10604

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

2/19/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

2/19/15
Date